

EMPLOYEE EXTENDED ABSENCE - INITIAL REPORT

(To be completed by the employee)

Name: _____ **Date:** ____/____/____

Department: _____

Job Title: _____

First day you missed work: ____/____/____

Describe the medical facts that support your absence from work due to illness or injury:

When did this condition begin? How long is it expected to last?

Began: _____

Expect it to Last Until: _____

If injury, when and where did the injury occur?

When did you first report this injury to your supervisor? ____/____/____

Name the doctors who are treating you. (List your primary doctor first.)

1. _____ ()
Name Address Telephone

2. _____ ()
Name Address Telephone

Date and time of next appointment:

_____ Date Time

Does your doctor anticipate performing surgery? _____ Yes _____ No

How long do you anticipate being away from work? _____

Date you expect to return to work? ____/____/____

What is your current home address?

Street

City

Zip

What is your current home telephone number? _____

Do you also have a cell telephone number? If so, what is it? _____

Other than visits to your doctor, is there any reason your supervisor would not be able to reach you at your home telephone number? ____ yes ____ no. If yes, state why below:

Are you working elsewhere? ____ yes ____ no. If yes, where are you working and what are you doing ?

Do you have any comment you would like to make?

*Department rules require that you check in with supervision during an extended absence at the following times:_____.

Failure to check in could result in disciplinary action up to and including termination of our employment.

We hope that you will be well enough to return to work soon. This medical release is necessary in order to allow the City of Richardson to get more information to help you return to work. Please contact the Human Resources Department or your supervisor if you have any questions.

By my signature here, I authorize and approve the release of my medical records to an independent medical examiner when requested by the City of Richardson Human Resources Department

Employee Signature:_____

Date: ____/____/____